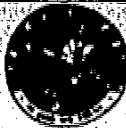


FILE DATE: FILED FEB AFTER MAY 1 1995

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 460538

(2)

1. Corporation Name

ROSEWOOD CATERERS, INC.

Principal Place of Business

**1000 E. 16TH ST.
HALEAH FL 33010**

Mailing Address

**1000 E. 16TH ST.
HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1974

3a. Date of Last Report
04/18/1994

4. FEI Number
59-1549572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193 (2)(b)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21
State Apt # etc

2a. Mailing Address

26
State Apt # etc

22
City & State

27
City & State

23
City & State

28
City & State

24
City

25
County

29
City

30
County

9. Name and Address of Current Registered Agent

**NADELMAN, SHELDON
2011 N.E. 207TH STREET
N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5) Florida Statutes.

SIGNATURE

Signature of Agent To be furnished if required to perform the duty as agent

Signature of Registered Agent To be furnished if required when not on duty

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P
2. NAME	NADELMAN, SHELDON
3. STREET ADDRESS	2011 N.E. 207TH ST
4. CITY, ST, ZIP	N. MIAMI BCH FL
5. TITLE	S
6. NAME	NADELMAN, PHYLLIS
7. STREET ADDRESS	2011 N.E. 207TH ST
8. CITY, ST, ZIP	N. MIAMI BCH FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New York 199 (b)(2) and Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as required, or on an attachment with an address.

SIGNATURE:

Sheldon Nadelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95